



ERAVE

Physician Assistant User Manual

Physician Assistant's Guide to Electronic Reporting

Table of Contents

Overview	1
1 To-Do Queues	2
2 Creating a Death Case	3
3 Tab 12 Case Actions – How to Assign a Death Case to a Funeral Home.....	7
4 Understanding the ERAVE Warning Screen	8
5 How to Mark a Death Case Ready to be Certified	9
5.1 Physician Instructions for Certifying a Death Case	10
6 How to print a Draft Copy of a Death Certificate.....	11
7 How to Un-Certify a Death Case	12
8 How to Add the Cause of Death (Pending COD Death Record)	14
9 How to Amend a Death Case	19
ERAVE Help Desk Information	22

Overview

The purpose of this guide is to instruct the Physician Assistant on how to accurately assist the Certifying Physician in filing a Death Certificate electronically using ERAVE.

A Physician Assistant will have the ability to create a Death Cases and enter the Medical Information on behalf of the Certifying Physician as well as mark the Death Case “Ready to be certified” for the Certifying Physician.

The Certifying Physician will then review the information entered by their assistant, make changes if necessary, then certify the Death Case. The Physician Assistant will also be able to modify medical information on behalf of the physician.



1 To-Do Queues

All uncompleted death cases must be opened from the Open Cases Queue. Once opened, the Physician can complete and certify the Medical Information Section.

Once you log into ERAVE click “View Queues” to display the To Do Queues.



Open Cases Queue

- Houses death cases that have been assigned to the Physician for completion and/or certification of the Medical Information Section.
- Death Cases that have been completed by the Physician and are waiting to be submitted for registration by the funeral home.

Open Cases (3)			Pending COD (1)		RFI (1)		
First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
TODD	LANDRY	12/01/2017	New	Certified	Not submitted	Details	Process
BRETT	BELEAM	11/24/2017	New	Case pending	Not submitted	Details	Process
COUNTY	CORONER	11/14/2014	Case pending	Case pending	Not submitted	Details	Process

Pending COD Queue

- Houses death case with the Cause Of Death pending. This type of death case will only appear in this queue when the death case becomes registered at the Vital Records State Office. The Physician can access the death case from this queue at any time and enter the Cause and Manner of Death. Once that Medical Information has been added, the death case will disappear from the Pending COD queue.

Open Cases (3)			Pending COD (2)		RFI (1)								
First	Last Name	Date of Death	County of Death	Date of Birth	Sex	Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev	Details	Action
PERRY	PENDING	11/05/2017	CLEVELAND	01/01/1944	M	ERAVE FUNERAL HOME	Signed	Certified	Registered	20170000010		Details	Process

RFI Queue

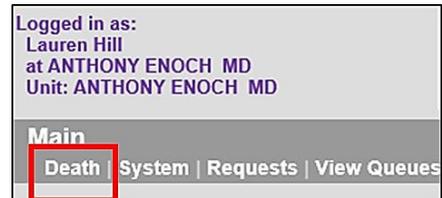
- Holds case that have a pending Request For Information (RFI) letter from the State Office. An RFI letter is sent to the certifier when there is a need for additional medical information or there are question about the Cause/Manner of Death.

Open Cases (3)			Pending COD (2)		RFI (1)			
Decedent First	Last Name	Date of Death	Certifier First	Last Name	Status	Query Date	Details	Action
DAVE	TEST	05/27/2009	A	ENOCH	QUERY	12/06/2017	Details	Process

2 Creating a Death Case

Creating a death case consists of; first adding the decedent's basic personal information that the ERAVE application will use to search the system to see if a death case has already been started. If no matching cases are found, you can create a new death case, enter the medical information, save and/or certify the death case. Certifying Physician is responsible for Tabs 8-11.

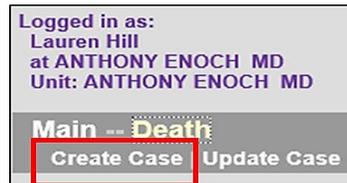
Step 1. From the ERAVE Main Menu click "Death."



Logged in as:
Lauren Hill
at ANTHONY ENOCH MD
Unit: ANTHONY ENOCH MD

Main
Death | System | Requests | View Queues

Step 2. Click the words "Create Case."



Logged in as:
Lauren Hill
at ANTHONY ENOCH MD
Unit: ANTHONY ENOCH MD

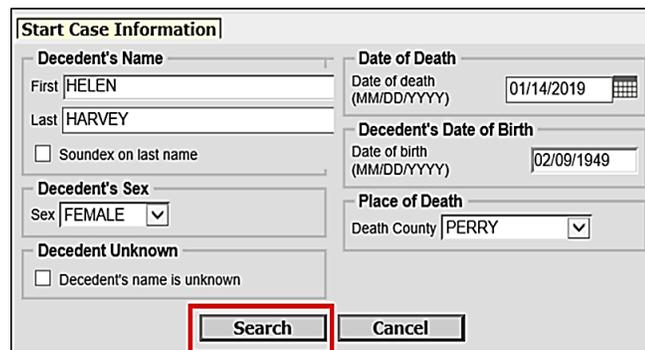
Main **Death**
Create Case | Update Case |

Step 3. Start Case Information

Screen – Enter the following information:

- Decedents First and Last names
- Decedents Gender
- Date of Death
- Date of Birth
- Select "County of Death"

Click the "SEARCH" button



Start Case Information

Decedent's Name
First: HELEN
Last: HARVEY
 Soundex on last name

Decedent's Sex
Sex: FEMALE

Decedent Unknown
 Decedent's name is unknown

Date of Death
Date of death (MM/DD/YYYY): 01/14/2019

Decedent's Date of Birth
Date of birth (MM/DD/YYYY): 02/09/1949

Place of Death
Death County: PERRY

Search | Cancel

Step 4. Click "Create New Case."



Records List (0 Records found)

First	Last Name	Date of Death	County of Death	Sex	Funeral Home	Certificate	Subm	Reg	Action for FH	Action for MC	Details
There were no results that matched your search.											

Create New Case
Exit

Step 5. Click “Tab 8 Actual Date/Pronounce/Contact.”

Step 6. Tab 8 Actual Date/Pronounce/Contact

Complete “Sections; 3. Actual or Presumed Date/Time of Death & 18a-b. Date/Time Pronounced Dead.”

Section 18c. Person Pronouncing Death

- a. Select one of the following from the “Pronouncer Type” dropdown menu:
 - i. Select “Pronouncer Same as Certifier” if you are Pronouncing and Certifying
 - ii. Select “Physician” if another physician pronounced, then select that physicians’ name from the Physician List.
 - iii. Select “Hospice RN” if a Hospice Nurse pronounced, then select that nurses’ name from the Hospice RN list.
 - iv. Select “Medical Examiner” if a Medical Examiner pronounced, then select the ME from the Medical Examiner list.
 - v. Select “Coroner” if a Coroner pronounced, then select the Coroners’ name from the Coroner list.

Section 19. ME or Coroner Contacted – Select “Yes” or “No” from dropdown menu.

Click the **NEXT** button.

Note: if a pronouncer’s name is not in either of the dropdown list, enter the name into the name fields and select their title from the Title List.

Step 7 Tab 9 Cause of Death

- a. Enter the Immediate Cause on line "a"
- b. Enter the Approximate Interval for line "a"
- c. If Necessary, list all Underlying Causes on lines b, c and d.

If Cause of Death is pending check the Cause of Death Pending checkbox

Part II

Enter any other significant conditions that contributed to death.

Click the **NEXT** button.

Step 8 Tab 10 Manner/Details/Injury

- 21. Autopsy – Select "Yes" or "No" from the dropdown menu.
If "Yes", answer "Were autopsy findings available..."
- 22. Manner of Death – Select either: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be determined or Execution.
- 23-24. Death Details – Did tobacco contribute select "Yes" or "No"
- Answer Pregnancy question only if female decedent.

Complete Sections 25a-d thru 25f if manner of death was an Accident, Suicide or Homicide. If necessary, complete section 25g.

Click the **NEXT** button.

Step 9

Tab 11 Certifier

- a. Select either “Certifying Physician” or “Pronouncing and Certifying Physician” from the Certifier Designation dropdown menu.

26a. Certifier's Name and Designation		26b. Certifier's Address	
Certifier designation	<input type="text" value="CERTIFYING PHYSICIAN"/>	Number and street	<input type="text" value="123 MAIN ST"/>
Physicians	<input type="text" value="ENOCH - ANTHONY --- 45634"/>	Apartment number	<input type="text"/>
Medical examiners	<input type="text" value="Select"/>	Country	<input type="text" value="UNITED STATES"/>
Coroners	<input type="text" value="Select"/>	State/province	<input type="text" value="ARKANSAS"/>
Hospice RN's	<input type="text" value="Select"/>	City list	<input type="text" value="Select"/>
First name	<input type="text" value="ANTHONY"/>	City or town	<input type="text" value="BENTON"/>
Middle name	<input type="text"/>	Zip code	<input type="text" value="72202"/>
Last name	<input type="text" value="ENOCH"/>	26c. Certifier's License Number	
Suffix	<input type="text" value="Select"/>	Medical license number	<input type="text" value="45634"/>
Title list	<input type="text" value="Select"/>	Case Information	
Title	<input type="text" value="MD"/>	Decedent's first name	<input type="text" value="NEA"/>
Preferred method of contact	<input type="text" value="EMAIL"/>	Decedent's last name	<input type="text" value="HOSPITAL"/>
Contact information	<input type="text" value="ANTHONY.ENOCH@ARKANSAS.GOV"/>	Decedent's date of birth	<input type="text" value="01/01/1966"/>
Case access	<input type="text" value="ELECTRONIC"/>	Sex	<input type="text" value="MALE"/>
Phone number	<input type="text" value="501-661-2476"/>		
Date signed by certifier (MM/DD/YYYY)	<input type="text"/>		
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Finish"/> <input type="button" value="Cancel"/>			

Click the **NEXT** button.

3 Tab 12 Case Actions – How to Assign a Death Case to a Funeral Home

Note: Do not assign a Medical Certifier to the death case.

- In the section entitled **Assign/Transfer/Notify Funeral Home** select “Assign Funeral Home to Case” from the Action dropdown menu. From the Responsible Funeral Home dropdown menu select the funeral home responsible for the death case.
- If the Funeral Home is not yet known, select “Not Listed – Drop to Paper.”

The screenshot shows a software interface with several sections. A yellow box with the text "DO NOTHING IN THIS SECTION" is overlaid on the "Assign/Transfer/Notify Medical Certifier" section. A red box highlights the "Assign/Transfer/Notify Funeral Home" section, and a red arrow points from a callout box labeled "Assign Funeral Home Here" to this section. The "Finish" button at the bottom is also highlighted with a red box.

Assign Funeral Home Here

DO NOTHING IN THIS SECTION

Assign/Transfer/Notify Funeral Home

Action: ASSIGN FUNERAL HOME TO CASE
Responsible funeral home: ERAVE FUNERAL HOME - LITTLE ROCK
Case access: ELECTRONIC
Notify funeral home: Y

Decline to Certify

Reason: Select
Other reason: [text box]

Personal Information Actions

Ready to sign personal information
 Un-sign
Personal information exceptions: N
Personal information status: New

Medical Information Actions

Ready to certify medical information
 Un-certify
Medical information exceptions: N
 Fax attestation signed, no markups

50/52. Registration Information

Release for registration
Date received by registrar (MM/DD/YYYY): [text box]
Certificate number: [text box]
Date registered: [text box]

Case Action History

01/22/2019 User ID: 236 Case started by ph
01/22/2019 User ID: 236 Assigned PI to ERAVE FUNERAL HOME - LITTLE ROCK

Previous **Next** **Finish** **Cancel**

Click the **FINISH** button to review your death case

4 Understanding the ERAVE Warning Screen

All Medical Exceptions should be reviewed Fix following: The “Cause of Death Edit Check” will not prevent you from signing off on a death Case.

All Medical Exceptions should be reviewed Fix following:

[Cause of Death edit check](#)

Field Group Description: An edit check on a cause of death entry is left unresolved.

Required to Submit to State. Fix all the following: This message is simply a reminder that the Medical Information Section has not been Certified or Signed off on by the physician. This exception will disappear once the Medical Section has been certified.

Required to Submit to State. Fix all the following:

[Personal Information Section](#)

Field Group Description: Must be signed or dropped to paper.

[Medical Information Section](#)

Field Group Description: Must be certified or dropped to paper.

The following information must be entered to complete the medical information section. Fix all the following: Items in this section are either incomplete fields and/or unanswered medical questions. These items must be completed before the physician can sign off on the death case.

The following information must be entered to complete the medical information section. Fix all the following:

[Was medical examiner or coroner contacted must be answered](#)

Field Group Description: Was medical examiner or coroner contacted must be answered.

[Coroner must be contacted](#)

Field Group Description: Age is under 18, cause is not natural, death was not in a facility, or the cause of death includes a keyword that indicates a coroner should be contacted. On screen 8 the field labeled "Was medical examiner or coroner contacted?" should indicate that the coroner was informed about the case.

Once all the Medical Exceptions have been cleared. Scroll to the bottom of the ERAVE Warning Screen and click the Save (as pending) button mark case as “Ready to be Certified.”

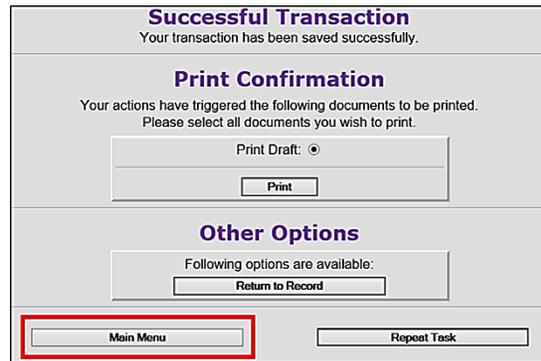
5 How to Mark a Death Case Ready to be Certified

- Step 1.** On the Successful Transaction screen click the “Case Ready to Certify” button.



Case successfully marked “Ready to be certified.”

- Step 2.** Click the Main Menu button.



- Step 3.** From the ERAVE Main Menu click “View Queues.”



- Step 4.** Locate the decedent’s name in the Open Cases Queue and verify that the Med Status says “Ready to be certified.” The Medical Information is now ready for the Medical Certifier to Review and then Certify.

First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
HELEN	HARVEY	01/14/2019	New	Ready to be certified	Not submitted	Details	Process
CASEY	CONTROL	01/01/2019	Case pending	Case pending	Not submitted	Details	Process
JOHN	DOE	12/01/2018	New	Case pending	Not submitted	Details	Process
HAROLD	IVES	12/01/2017	Signed	New	Not submitted	Details	Process

5.1 Physician Instructions for Certifying a Death Case

To Certify a Death Case, the Physician should do the following:

1. From the ERAVE Main Menu click “View Queues.”
2. Locate the death case in the Open Cases queue and click the word “Process.”
3. Once the death case opens, Review the information on Tabs 8-11. *(Make changes if necessary.)*
4. Once all the Medical Information has been reviewed click the “**FINISH**” button.
5. On the ERAVE Warning Screen, scroll to the bottom and click the “Save (as Pending)” button.
6. Click the “Certify Case” button
7. On the **Medical Certification-Confirm screen**, click the “Continue” button
8. On the **Certify Death Case-Confirm screen**, click the “Continue” button.

Your Death Case is now certified. On the Successful Transaction Screen click the Main Menu button to return to the ERAVE Main Screen.

6 How to print a Draft Copy of a Death Certificate

Once the Certifying Physician has completed the certifying process and is now on the “Successful Transaction” screen they will see an option to “Print Draft.”

Step 1. On the Successful Transaction screen click the “Print” button

Step 2. Next, click the “Generate Document” button and wait for the death certificate image to appear.

Step 3. Print the image, then closeout the image window. You should still logged into ERAVE.

- Click the Continue button
- Click the Main Menu button to return to the Main Menu

ARIZONA DEPARTMENT OF HEALTH
Vital Records
CERTIFICATE OF DEATH

FILE NUMBER

DECEASED'S FULL NAME (Last, First and Middle Initial)
BRETT BELEM

SEX MALE DATE OF BIRTH (month/day/year) NOV 24, 2017 TIME OF BIRTH 10:30 AM EST

3. SOCIAL SECURITY NO. 4. AGE at Last Birthday 72 5. UNDER 1 YEAR 6. UNDER 1 DAY 7. DATE OF CERTIFICATION OCTOBER 10, 2018 8. SURVIVOR (in Arabic or Foreign Country) ZZ

9. RESIDENCE STATE at DECEASED OCCURRENCE ARIZONA 10. COUNTY PIMA 11. CITY OR TOWN UNKNOW

12. APT. NO. 13. ZIP CODE 14. HOME CITY, STATE AND ZIP CODE UNKNOW AR CLEVELAND

15. EVER IN US ARMED FORCES? 16. MARITAL STATUS AT TIME OF DEATH 17. SURVIVING SPOUSE (Last, First and Middle Initial) 18. COUNTY OF DEATH CLEVELAND

19. RACE (Specify if of Hispanic, Mexican, or Puerto Rican descent) 20. ETHNICITY (Specify if of Hispanic, Mexican, or Puerto Rican descent) 21. OCCUPATION (Specify if of Hispanic, Mexican, or Puerto Rican descent)

22. PLACE OF BIRTH (City, State and Country) 23. MOTHER'S MAIDEN NAME (Last, First and Middle Initial) 24. MOTHER'S MARRIAGE TO FATHER (Specify if of Hispanic, Mexican, or Puerto Rican descent)

25. FATHER'S NAME (Last, First and Middle Initial) 26. FATHER'S MARRIAGE TO DECEASED 27. MARRIAGE ADDRESS (Street and City, State and ZIP Code) 28. COUNTY OF DEATH ARIZONA

29. METHOD OF DISPOSITION 30. PLACE OF DISPOSITION 31. MARRIAGE ADDRESS (Street and City, State and ZIP Code) 32. COUNTY OF DEATH ARIZONA

33. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 34. FUNERAL HOME 4815 W. MARION ST., RISON, AR, 72306 35. FUNERAL HOME ONLY - DATE FILED 12/14

36. DATE PRODUCE SENT NOV 24, 2017 37. TIME PRODUCE SENT 10:45 38. NAME AND TITLE OF MEDICAL PROFESSIONAL SIGNING (Print Full Name) A. ENOCH, CORNER 39. SIGNATURE (Print Full Name) A. ENOCH, CORNER 40. DATE OF SIGNATURE DECEMBER 07, 2017 41. SIGNATURE (Print Full Name) A. ENOCH, CORNER 42. DATE OF SIGNATURE DECEMBER 07, 2017

43. SIGNATURE (Print Full Name) A. ENOCH, CORNER 44. DATE OF SIGNATURE DECEMBER 07, 2017

45. SIGNATURE (Print Full Name) A. ENOCH, CORNER 46. DATE OF SIGNATURE DECEMBER 07, 2017

47. SIGNATURE (Print Full Name) A. ENOCH, CORNER 48. DATE OF SIGNATURE DECEMBER 07, 2017

49. SIGNATURE (Print Full Name) A. ENOCH, CORNER 50. DATE OF SIGNATURE DECEMBER 07, 2017

51. SIGNATURE (Print Full Name) A. ENOCH, CORNER 52. DATE OF SIGNATURE DECEMBER 07, 2017

53. SIGNATURE (Print Full Name) A. ENOCH, CORNER 54. DATE OF SIGNATURE DECEMBER 07, 2017

55. SIGNATURE (Print Full Name) A. ENOCH, CORNER 56. DATE OF SIGNATURE DECEMBER 07, 2017

57. SIGNATURE (Print Full Name) A. ENOCH, CORNER 58. DATE OF SIGNATURE DECEMBER 07, 2017

59. SIGNATURE (Print Full Name) A. ENOCH, CORNER 60. DATE OF SIGNATURE DECEMBER 07, 2017

61. SIGNATURE (Print Full Name) A. ENOCH, CORNER 62. DATE OF SIGNATURE DECEMBER 07, 2017

63. SIGNATURE (Print Full Name) A. ENOCH, CORNER 64. DATE OF SIGNATURE DECEMBER 07, 2017

65. SIGNATURE (Print Full Name) A. ENOCH, CORNER 66. DATE OF SIGNATURE DECEMBER 07, 2017

67. SIGNATURE (Print Full Name) A. ENOCH, CORNER 68. DATE OF SIGNATURE DECEMBER 07, 2017

69. SIGNATURE (Print Full Name) A. ENOCH, CORNER 70. DATE OF SIGNATURE DECEMBER 07, 2017

71. SIGNATURE (Print Full Name) A. ENOCH, CORNER 72. DATE OF SIGNATURE DECEMBER 07, 2017

73. SIGNATURE (Print Full Name) A. ENOCH, CORNER 74. DATE OF SIGNATURE DECEMBER 07, 2017

75. SIGNATURE (Print Full Name) A. ENOCH, CORNER 76. DATE OF SIGNATURE DECEMBER 07, 2017

77. SIGNATURE (Print Full Name) A. ENOCH, CORNER 78. DATE OF SIGNATURE DECEMBER 07, 2017

79. SIGNATURE (Print Full Name) A. ENOCH, CORNER 80. DATE OF SIGNATURE DECEMBER 07, 2017

81. SIGNATURE (Print Full Name) A. ENOCH, CORNER 82. DATE OF SIGNATURE DECEMBER 07, 2017

83. SIGNATURE (Print Full Name) A. ENOCH, CORNER 84. DATE OF SIGNATURE DECEMBER 07, 2017

85. SIGNATURE (Print Full Name) A. ENOCH, CORNER 86. DATE OF SIGNATURE DECEMBER 07, 2017

87. SIGNATURE (Print Full Name) A. ENOCH, CORNER 88. DATE OF SIGNATURE DECEMBER 07, 2017

89. SIGNATURE (Print Full Name) A. ENOCH, CORNER 90. DATE OF SIGNATURE DECEMBER 07, 2017

91. SIGNATURE (Print Full Name) A. ENOCH, CORNER 92. DATE OF SIGNATURE DECEMBER 07, 2017

93. SIGNATURE (Print Full Name) A. ENOCH, CORNER 94. DATE OF SIGNATURE DECEMBER 07, 2017

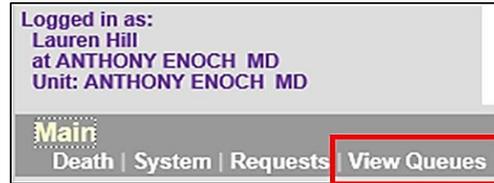
95. SIGNATURE (Print Full Name) A. ENOCH, CORNER 96. DATE OF SIGNATURE DECEMBER 07, 2017

97. SIGNATURE (Print Full Name) A. ENOCH, CORNER 98. DATE OF SIGNATURE DECEMBER 07, 2017

99. SIGNATURE (Print Full Name) A. ENOCH, CORNER 100. DATE OF SIGNATURE DECEMBER 07, 2017

7 How to Un-Certify a Death Case

Step 1. From the ERAVE Main Menu click “View Queues.”



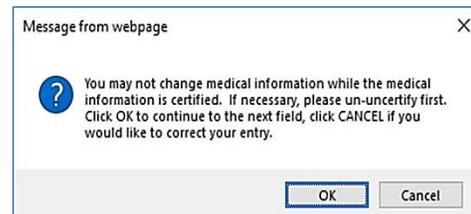
Step 2. Locate the decedent’s name in the Open Cases Queue and click the word “Process” locate to the far right of the decedent’s name.

First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
HELEN	HARVEY	01/14/2019	New	Certified	Not submitted	Details	Process
CASEY	CONTROL	01/01/2019	Case pending	Case pending	Not submitted	Details	Process
JOHN	DOE	12/01/2018	New	Case pending	Not submitted	Details	Process
HAROLD	IVES	12/01/2017	Signed	New	Not submitted	Details	Process

Step 3. Record opens and defaults to Tab 1 Decedent. Click Tab 12 Case Actions.



If one or more Pop ups appear click the “OK” button on the pop up and then click Tab 12 Case Actions again.



Step 4. On Tab 12 Case Actions locate the Medical Information Actions section and click the Un-certify Checkbox.

The screenshot shows the 'Case Actions' tab with various sections. The 'Medical Information Actions' section is highlighted with a red box. It contains the following options:

- Ready to certify medical information
- Un-certify ← Click this checkbox
- Medical information exceptions N
- Fax attestation signed, no markups

Other sections visible include 'Decline to Certify', 'Personal Information Actions', 'Assign/Transfer/Notify Medical Certifier', 'Assign/Transfer/Notify Funeral Home', and '50/52. Registration Information'.

Step 5. Click the **FINISH** button.

The screenshot shows a navigation bar with four buttons: 'Previous', 'Next', 'Finish', and 'Cancel'. The 'Finish' button is highlighted.

Step 6. On the ERAVE Warning Screen click the “Save (as Pending)” button.

Step 7. On the Successful Transaction screen click the “Return to Record” button.

The Certifying Physician can only modify the information on Tabs 8-11. The Funeral Home is responsible for modifying information on Tabs 1-7.

For gender, date of birth and First and/or Last name discrepancies, change the information on Tab 11 Certifier in the Case Information Section.

The screenshot shows the 'Case Information' section with the following fields:

- Decedent's first name: HENRY
- Decedent's last name: WALKER
- Decedent's date of birth: 09/19/1950
- Sex: MALE

Once the necessary changes have been made click the **FINISH** button, if there are no exceptions click Save as pending and click the “Case ready to Certify” button to mark case as ready to be certified.

8 How to Add the Cause of Death (Pending COD Death Record)

Step 1. From the ERAVE Main Menu click “View Queues.” (*To-Do Queues appear.*)



Step 2. Click the “Pending COD Tab.” (*Pending COD Queue is displayed.*)



Step 3. Locate the decedent’s name in the Pending COD Queue then click “Process.” (*Record Details screen appears.*)

Open Cases (88)		Pending COD (4)		RFI (6)								
First	Last Name	Date of Death	County of Death	Date of Birth	Sex	Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev Details	Action
LARRY	FISHBURNE	2/31/2018	PULASKI	12/12/1949	M	ERAVE FUNERAL HOME	Signed	Certified	Registered	20180000120	Details	Process
HAROLD	JOHNSON	08/20/2014	PULASKI	01/01/1954	M	ERAVE FUNERAL HOME	Signed	Certified	Registered	20140000260	Details	Process
BETTYE	NORTON	04/16/2014	COLUMBIA	09/16/1946	F	ERAVE FUNERAL HOME	Signed	Certified	Registered	20140000130	Details	Process
WHITE	COUNTY	01/01/2014	PULASKI	01/01/1966	F	ERAVE FUNERAL HOME	Signed	Certified	Registered	20140000310	Details	Process

Step 4. Scroll to the bottom of the Record Details screen and click the “Continue” button.

Step 5. Basis/Reason for Modification Screen – Enter the appropriate reason into the Reason Field. Basis will default to Cause of Death. Next click the **FINISH** button. (*Record Opens at Tab 1. Decedent.*)

Basis/Reason for Modification

Basis
Basis CAUSE OF DEATH

Reason
Reason
ADDING THE CAUSE AND MANNER OF DEATH.

Finish Cancel

Step 6. When record opens click “Tab 9 Cause of Death.” (Tab 9 Cause of Death appears.)

Arkansas – EDRS: Name: FISHBURNE, LARRY DOD: 12/31/2018											
1 Decedent	2 Decedent Info	3 Place of Death	4 Parents/Informant	5 Disposition	6 Decedent History						
7 Funeral Home/Embalmer	8 Actual Date/Pronounce/Contact	9 Cause of Death		10 Manner/Details/Injury	11 Certifier						
12 Case Actions											

Note: if cause of death has been pending for more than 90 days you will receive a message stating you must use the Amend Record function to add the cause of death.

Step 7. Un-check the Cause of Death Pending check box. (Cause of Death fields become available)

20. Cause of Death PART I.
Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. ABBREVIATE. Enter only one cause on a line.

Cause of death pending

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. PENDING

Step 8. On Tab 9 Cause of Death – Add the Cause of Death on line “a” and add the approximate interval for line “a.” if Necessary add any Underlying Causes on lines b, c and d. In Part II add any other significant conditions that contributed to death.

20. Cause of Death PART I.
Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

Cause of death pending

IMMEDIATE CAUSE (Final disease or condition resulting in death) APPROXIMATE INTERVAL: Onset to death

a. CUTE COMBINED ALCOHOL, METHAMPHETAMINE AND CITALOPRAM INTOXICATION UNKNOWN

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a.
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

b. Due to (or as a consequence of)

c. Due to (or as a consequence of)

d. Due to (or as a consequence of)

PART II.
Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Other Significant Conditions contributing to death

Previous **Next** Finish Cancel

Click the **NEXT** button.

Step 9. On Tab 10 Manner/Details/Injury – Change sections; 21 Autopsy, 22 Manner of Death and 23-24 Death Details. If necessary complete the injury sections.

Click the **FINISH** button

The screenshot shows a web form with the following sections and fields:

- 21. Autopsy:** "Was an autopsy performed?" (Yes), "Were autopsy findings available to complete the cause of death?" (Yes).
- 22. Manner of Death:** "Manner of death" (Pending Investigation).
- 23-24. Death Details:** "Did tobacco use contribute to death?" (Unknown), "If female, select one from list" (Select), "Verification required" (Select).
- 25a-d. When and Where Injury Occurred:** "Date of injury (MM/DD/YYYY)", "Approximate" checkbox, "Time of injury (HH:MM)", "Time indicator" (Select), "Approximate" checkbox, "Place of injury (e.g. decedent's home, construction site, restaurant, wooded area)", "Injury at work?" (Select).
- 25e. Location of Injury Address:** "Location unknown" checkbox, "Number and street", "Apartment number", "Country" (UNITED STATES), "State/province" (ARKANSAS), "City list" (Select), "City or town", "Zip code", "Validate address" (VALIDATE), "Validation result" (Address not validated), "Accept address" checkbox.
- 25f. Describe How Injury Occurred:** "Description" (Text area).
- 25g. If Transportation Injury:** "Specify" (Select), "Other - specify" (Text area).

At the bottom, there are four buttons: "Previous", "Next", "Finish" (highlighted with a red box), and "Cancel".

Step 10. Record Modify-Confirm Screen – Check to make sure current changes are correct and also make sure no additional changes are needed. If additional changes are needed click the “Make Another Change” button.

The screenshot shows the "Record Modify - Confirm" screen with the following content:

Please confirm that the following changes are correct

Reason: CAUSE OF DEATH : ADDING THE CAUSE AND MANNER OF DEATH.
 Today's Date: 01/11/2019

[Edit Additional Information](#)

Field (DB Name)	Original Value	Changed Value	Remove Change
Manner of death (MANNER)	P	N	Remove

Some system columns will be changed. [Show system columns](#)

Buttons: "Make Another Change", "Continue" (highlighted with a red box), "Cancel Full Transaction".

If no other changes are needed, click the **CONTINUE** button.

Step 11. On the Successful Transaction Screen to print the Supplemental Cause of Death do the following:

- Select **“Print Supplemental Cause of Death.”**
- Select **“Skip this print option”** for all other documents.

Step 12. Click the **“Generate Document”** button and wait for the image to appear.

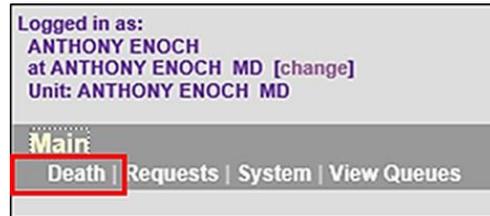
Step 13. Print the Supplemental Cause of Death.

Once you have printed the Supplemental, close the image window and click the **“Continue”** button. Then click the Main Menu button.

ARKANSAS DEPARTMENT OF HEALTH Vital Records Supplemental Report of Cause of Death			
Name of Deceased LARRY FISHBURNE			
Date of Death DEC. 31, 2018	County of Death PULASKI	Sex MALE	
I hereby certify that the cause of death of the decedent was as given below and the original certificate of death should be amended accordingly. Note: If this form is used as authorization to amend a cause of death previously reported on a death certificate, please check here. <input type="checkbox"/>			
Reason for amendment: <input type="checkbox"/> Autopsy <input type="checkbox"/> Other Specify _____			
3a. DATE OF DEATH (Mo/Day/Yr) DEC. 31, 2018	3b. TIME OF DEATH <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 10:30		
19a. DATE PRONOUNCED DEAD (Mo/Day/Yr) DEC. 31, 2018	19b. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 11:00	19c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) ANTHONY ENOCH, MD	19. WAS MEDICAL OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABSTRACT. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ACUTE COMBINED ALCOHOL, METHAMPHETAMINE AND CITRALOPRAM INTOXICATION Due to (or as a consequence of) b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Wound or injury that started the events resulting in death) LAST.			APPROXIMATE INTERVAL: Onset to Death UNKNOWN
PART II. Enter other significant conditions contributing to death that not resulting in the underlying cause given in PART I.			21a. WAS AN AUTOPTOY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 21b. WERE AUTOPTOY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pursuant to a judicial sentence of Death - Execution <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No		24. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 42 days to 1 year before death	
25a. DATE OF INJURY (Mo/Day/Yr)	25b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
25d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)			
25f. DESCRIBE HOW INJURY OCCURRED:			25g. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
Name of Certifier (Print or Type) ANTHONY ENOCH, MD		Title MD	License # 45634
Signature of Certifier		Date	

9 How to Amend a Death Case

Step 1. From the ERAVE Main Menu click “Death.”



Logged in as:
ANTHONY ENOCH
at ANTHONY ENOCH MD [change]
Unit: ANTHONY ENOCH MD

Main
Death | Requests | System | View Queues

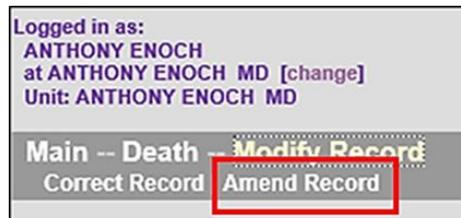
Step 2. Click “Modify Record.”



Logged in as:
ANTHONY ENOCH
at ANTHONY ENOCH MD [change]
Unit: ANTHONY ENOCH MD

Main -- Death
Create Case | Update Case | Modify Record

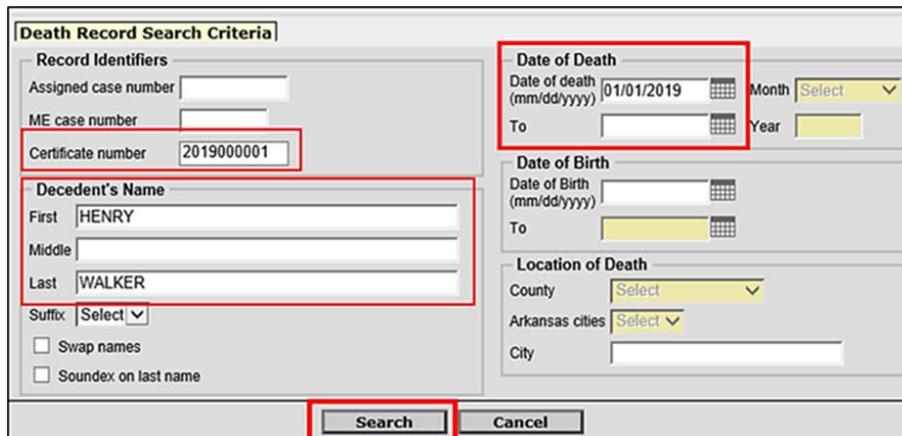
Step 3. Click “Amend Record.”



Logged in as:
ANTHONY ENOCH
at ANTHONY ENOCH MD [change]
Unit: ANTHONY ENOCH MD

Main -- Death -- Modify Record
Correct Record | Amend Record

Step 4. Death Record Search Criteria Screen – User can search using ONE of the following: The decedent’s First and Last Names or Date of Death or Certificate Number.



Death Record Search Criteria

Record Identifiers
Assigned case number
ME case number
Certificate number

Decedent's Name
First
Middle
Last
Suffix
 Swap names
 Soundex on last name

Date of Death
Date of death (mm/dd/yyyy) Month
To Year

Date of Birth
Date of Birth (mm/dd/yyyy)
To

Location of Death
County
Arkansas cities
City

Click the **SEARCH** button.

Step 5. On the Record List Screen click the word “Details.”

Main -- Death -- Modify Record -- Amend Record

Records List (1 Records found)

First	Last Name	Date of Death	County of Death	Date of Birth	Sex	Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev Details
HENRY	WALKER	01/01/2019	PULASKI	09/19/1950	M	ERAVE FUNERAL HOME	Signed	Certified	Registered	2019000010	Details

Cancel

Step 6. On the Record Details Screen scroll to the bottom and click the “Continue” button.

Step 7. Basis/Reason for Modification Screen – Select “Affidavit” from the Basis dropdown menu. Enter the reason for making the amendment into the Reason text field.

Note: if the amendment was court ordered select “Court Order” from the basis dropdown menu.

Click the **FINISH** button.

Basis/Reason for Modification

Basis: AFFIDAVIT

Reason: CHANGE TO CAUSE AND MANNER OF DEATH

Finish Cancel

Step 8. Record opens at Tab 1 Decedent. Navigate to the Medical Information Section(s) (Tabs 8-11) you wish to amend and edit the information.

Note: if a popup appears click the “OK” button, then proceed to make changes to the medical information.

Step 9. After all changes have been made click the FINISH button.

Step 10. Record Modify-Confirm Screen – Check to make sure current changes are correct and also make sure no additional changes are needed. If additional changes are needed click the “Make Another Change” button.

If no other changes are needed, click the **CONTINUE** button.

Record Modify - Confirm

Please confirm that the following changes are correct

Reason: AFFIDAVIT : CHANGE TO CAUSE AND MANNER OF DEATH
Today's Date: 01/11/2019

Edit Additional Information

Field (DB Name)	Original Value	Changed Value	Remove Change
Update pending flag (FL_UPDATE_PENDING)	N	Y	Remove
Manner of death (MANNER)	N	C	Remove
Request fee paid (FL_REQUEST_FEE_PAID)	N	P	Remove
Was an autopsy performed? (AUTOPSY)	N	Y	Remove
Did tobacco use contribute to death? (TOBAC)	U	P	Remove
Were autopsy findings available to complete the cause of death? (AUTOPSY_F_AVAIL)		Y	Remove

Some system columns will be changed. Show system columns

Make Another Change Continue Cancel Full Transaction

Re-Certifying the Death Case

Step 11. Successful Transaction Screen – Click the “Case Ready to Certify” button and then the physician must certify the death case again using the steps on page 9.

Printing the Affidavit

Step 12. On the Successful Transaction Screen select “Print Affidavit for Correction. Select “Skip this print option” for all other documents then click the “Print” button.

Step 13. On the Report-Confirm Screen click the “Generate Document” button and wait for the image to appear.

Step 14. Affidavit appears. Print the Affidavit then close the image Window

 2019000001		
ARKANSAS DEPARTMENT OF HEALTH VITAL RECORDS AFFIDAVIT FOR CORRECTION OF A RECORD		
The original record of death for <u>HENRY WALKER</u>		
Who died on <u>JANUARY 1, 2019</u> , in the County of <u>PULASKI</u> , State of Arkansas is incorrect or incomplete as follows:		
NOTE: (ANY FRAUDULENT ENTRY MADE WILL BE TURNED OVER TO THE PROSECUTING ATTORNEY)		
ITEM	The record now shows:	The true facts are:
22. Manner of Death	N	C
21a. Autopsy Performed	N	Y
23. Tobacco Use	U	P
21b. Autopsy Findings Available		Y
The above information is true to the best of my knowledge, information and belief.		
Affiant <u>ANTHONY ENOCH</u>		Date <u>January 11, 2019</u>
<u>123 MAIN ST, BENTON, AR, 72202</u>		
Present Address		
<u>/s/</u>		
Signature		

ERAVE Help Desk Information

ERAVE SYSTEM ISSUES – (501) 661-2785

DEATH AMENDMENTS – (501) 661-2810

